



Cobb County  
Business License Division  
P.O. Box 649  
Marietta, Georgia 30061-0649  
Phone 770-528-8410/ Fax 770-528-8414

**If you wish for this application to be hand delivered or delivered via UPS or FedEx please do so at:**

1150 Powder Springs Street, Suite 400  
Marietta, Georgia 30064

**Web site Address - [www.cobbcounty.org](http://www.cobbcounty.org)**

**Check off list and application for a Cobb County Liquor, Beer, & Wine License  
Change of Licensee/Substitute Licensee Application**

**Before completing this application you must verify that the proposed location of your establishment is in fact located in unincorporated Cobb County. You must also contact the Cobb County Zoning Division at 770-528-2035 to verify that the proposed location is zoned for the type of business activity that you are proposing to conduct with this application.**

- ☐ 1. The application must be completed in its **entirety** before being accepted by the Business License Office. Each question must be answered. **Provide one original and one duplicate of the completed application and all attachments.** If you have filed a new Cobb County Alcoholic Beverage License Application with the Cobb County Business License Division within five years preceding the date of this application, you may copy the prior application's information, that remains unchanged, when filing this application, and submit it with this application. However, all questions must be completed and any questions unique to this application must be answered accordingly. If you have any questions, please contact our office. **Once the application has been completed in its entirety and all requested attachments are included with the application and a duplicate copy has been made you may contact Ellisia Webb at 770-528-8407 or [ellisia.webb@cobbcounty.org](mailto:ellisia.webb@cobbcounty.org) to schedule an appointment to submit the application.**  
**APPLICATIONS WILL BE ACCEPTED BY APPOINTMENT ONLY**
- ☐ 2. The application and all attachments **must be typed or legibly printed in black ink or blue ink.** The Business License Division reserves the right to refuse to accept any application and/or attachment(s) that are considered illegible by the Cobb County Business License Division Manager.
- ☐ 3. A personal statement must be submitted for the licensee, each owner, each partner, and each stockholder with 20% or more shares. The Business License Division Manager reserves the right to request personal statements on **all** stockholders, partners, and owners. (One personal statement packet is attached.) (Pages 16-25)

- ❑ 4. Complete a personal financial statement for the licensee, each owner, each partner, and each stockholder with 20% or more shares. Include assets, liabilities, and capital. The Business License Division Manager reserves the right to ask for this information on **all** stockholders, partners, and owners. (One form is attached page 25)
- ❑ 5. Provide a seven (7) year driver's history for the licensee, each owner, each partner, and each stockholder with 20% or more ownership. This report can be obtained from any State Patrol Post location. Enclosed is a list of Metro Atlanta Post locations for your convenience. If the licensee, owner, partner, or stockholder resides outside the State of Georgia, a driver's history must be obtained from the State of residence of the licensee, owner, partner, and/or stockholder. (Page 24) **The (7) year driver's history must be dated less than thirty days from the time the application is submitted to the Business License Division.**
- ❑ 6. A list of the employees, including names, addresses, phone numbers, and positions, designated by the licensee of the business to receive communication, notices and/or court documents, including citations, must be listed in question 22 of page 11 of the alcoholic beverage application. Failure to provide persons on question 22 will subject application to denial. Failure of at least one of the persons listed in question 22 of page 11 to be at the business while the business is open will place the alcoholic beverage license in jeopardy. **This list must be updated and kept current with the Cobb County Business License office. Failure to keep this list current with the Cobb County Business License office will also place the license in jeopardy.**
- ❑ 7. Sole Proprietors and Partners that are not U.S. Citizens must provide **original** Immigration Card I-551 to the Business License Staff for verification and copying. Naturalized citizens must provide their **original** certificate of naturalization for verification by Business License Staff. This applies to the licensee, each owner and each partner with 20% or more ownership, **and their spouses.** **(Passports will not be accepted.)** Shareholders of corporations with 20% or more ownership and their spouses must provide immigration documents, when applicable. Applications for I-551 and pending applications for I-551 are not acceptable for the licensee and the licensee's spouse; other immigration statuses that allow legal entry into the United States are not acceptable for the licensee and the licensee's spouse, but they may be acceptable for shareholders of the corporation.
- ❑ 8. All applications for new Alcoholic Beverage Establishments, all Change of Ownership applications, and all Change of Licensee applications that are submitted after January 1, 2002, will not be accepted unless the licensee provides with the application a certificate of attendance by the **licensee** to the Policy Workshop required by the Cobb County Code of Ordinances. The Cobb County Business License Division must receive the original certificate issued by a Cobb County-approved workshop provider before the application will be accepted. To signup for a Policy Workshop please see the attached registration forms from three approved RASS Workshop vendors on pages 27-31. Please be sure to send the appropriate registration form to the appropriate vendor of your choice. (see maps/directions on registration forms)
- ❑ 9. Applicants for a license to sell alcohol beverages on-premises (pouring license) must have an accountant complete in its entirety the food and alcoholic beverage sales affidavit and submit with the application. (form attached) The food and alcoholic beverage sales affidavit must have an estimate based on the business plan, menu, estimated sales, etc. The food and alcoholic beverage sales affidavit must be signed by the accountant and the licensee. (page 26) The licensee and accountant must be able to support the information submitted on the affidavit at the Business License Division's request.

- ❑ 10. Provide a signed and notarized consent form must be provided for the licensee, each owner, each partner, each stockholder with 20% or more shares **and the spouses** of the licensee, each owner, each partner, and each stockholder with 20% or more shares. (Page 22,23)
- ❑ 11. Submit fingerprints electronically thorough the Georgia Application Processing Services (GAPS). See page 38 of this application and sign the fingerprint affidavit on page 39 of this application after submitting fingerprints through GAPS. **Fingerprints submitted through GAPS should be submitted no more than thirty days prior to the date the application is submitted to the Business License Division.**
- ❑ 12. There is also an additional \$300.00 application fee payable to the Cobb County Business License Division by business check or money order. This application fee must be paid when the application is submitted. This fee is non-refundable.
- ❑ 13. Provide two (2) photographs with the personal statement of the licensee, each owner, each partner, and each stockholder with 20% or more shares. Photographs must be 2X2 and less than a year old. (Page 16)
- ❑ 14. **Liquor Pouring Only**- A three percent (3%) tax on the price of all drinks containing spirituous liquor, sold by the drink, must be collected by the liquor pouring license holder. The tax must be submitted to the Cobb County Business License Division at P.O. BOX 649, Marietta, Georgia, 30061-0649 utilizing the appropriate tax form. These taxes must be submitted by the twentieth (20<sup>th</sup>) of each month following the month the tax was collected. It is the responsibility of the license holder to obtain the appropriate tax forms from the Business License Division.
- ❑ 15. For your information - Employees must apply for a permit to serve/sell alcoholic beverages in Cobb County. See attached Cobb County Alcohol Work Permit affidavit pages (33-35.) To obtain a Cobb County Server Permit go to the Cobb County Police Permits Unit locate at 154 North Marietta Parkway, Marietta, Georgia 30060. Phone – 770-499-3943. The work permit is valid at only one location. If your employee is selling alcohol at more than one location for more than one company, more than one alcohol permit is required. Employees who possess an alcohol work permit at a different location do not have a valid alcohol work permit until they change the establishment and the establishment address with the Cobb County Police Department's Regulatory Services and Permits Unit and are issued a new permit with the new establishment and new address.
- ❑ 16. All Licensees must complete the status affidavit on page 36.
- ❑ 17. All **Convenience Stores and Liquor Package Stores** must complete the Camera affidavit on page 37.
- ❑ 18. All alcoholic beverage establishments must apply for and receive a State Alcoholic Beverage License prior to stocking and selling alcoholic beverages. State applications can be obtained by contacting the Georgia Department of Revenue Alcohol Division. – Phone – 404-651-8651 or visit their website at [www.dor.ga.gov](http://www.dor.ga.gov).
- ❑ 19. Alcoholic Beverage establishments must also pay a Federal Special Tax to the Bureau of Alcohol, Tobacco, and Firearms. See attached information and/or call (800) 937-8864.
- ❑ 20. Area alcoholic beverage wholesalers may provide alcoholic beverage training seminars. If interested in this service, please contact your wholesaler to see if this service is available.

- 21. It is the licensee's responsibility to notify the Cobb County Business License Division prior to going out of business or selling the business. Failure to do so will subject you or your company to all taxes due to Cobb County.

#### Application Procedure:

Each application will require 2-3 weeks for processing. Upon receipt of the application the Business License Division will send the application to the Cobb County Police Permits Unit for investigation. No action can be taken in regard to the application until the Cobb County Police Permits Unit investigation has been completed. The police investigation usually requires 7 – 10 business days. After receipt of the investigation report, the application will be considered by the Business License Division Manager. This decision will not be performed in a hearing. This decision will be based solely on the application's compliance with the Official Code of Cobb County Georgia. If the application is approved the license fee must be paid within two weeks of approval. If the application is denied the applicant will have ten days to appeal the denial to the License Review Board. Even when approved, any aggrieved party will have ten days to appeal the decision of the Business License Division Manager. When the application is in compliance with the Official Code of Cobb County Georgia and there is an objection, the application will be deferred to the License Review Board for a hearing. The License Review Board routinely meets on the second and fourth Thursday of each month at 3:00 p.m. The meeting will be conducted in the Purchasing Building, Bid Room, on the second floor at 1772 County Services Parkway, Marietta, Georgia.

Upon the decision of the Business License Division Manager and the appropriate filing of an appeal, the application will be scheduled for the next available hearing. However, appeals must be received a minimum of two weeks in advance of a License Review Board hearing. All decisions of the License Review Board are final unless appealed to the Board of Commissioners within thirty days of the decision of the License Review Board.

A change of licensee application is acceptable when it is only the licensee that is changing. Any change in ownership would require a change of ownership application. The change of licensee application must be approved and issued by the Cobb County Business License Division prior to the new licensee assuming the position of licensee. If the current licensee leaves, is terminated or no longer occupies a position that meets the requirements to be licensee, the alcoholic beverage license is VOID and all sales of alcohol must cease.

To qualify as a licensee, the individual must be a full-time employee of the corporation with direct managerial control of employment, management, operations, and the sale of alcoholic beverages of the store for which the applicant has applied to be licensee.

If there are any questions regarding this Change of Licensee Application, please contact the Cobb County Business License Division at 770-528-8410.

Cobb County  
 Business License Division  
 P.O. Box 649  
 Marietta, Georgia 30061-0649  
 Phone 770-528-8410/ Fax 770-528-8414

Date Received: \_\_\_\_\_  
 Application Fee Paid \$ \_\_\_\_\_ Date: \_\_\_\_\_  
 Attendance to Alcohol Workshop: ( ) Yes Date: \_\_\_\_\_ ( ) No  
 Finger Print Card Fee Paid \$ \_\_\_\_\_  
 Copy to Police Department: \_\_\_\_\_  
 Date Letter Received From PD: \_\_\_\_\_  
 Ads to Run: \_\_\_\_\_  
 Consideration Date: \_\_\_\_\_  
 Disposition: Approved ( ) Denied ( ) Date: \_\_\_\_\_  
 License Review Board: Approved ( ) Denied ( ) Date: \_\_\_\_\_  
 Board of Commissioners: Approved ( ) Denied ( ) Date: \_\_\_\_\_

License Number: \_\_\_\_\_

**Application for Alcoholic Beverage License-Change of Licensee/Substitute Licensee**  
 (circle one)

Application Date: \_\_\_\_\_

<b>Liquor</b>	<b>Beer</b>	<b>Wine</b>
Pouring ( )	Pouring ( )	Pouring ( )
Package ( )	Package ( )	Package ( )

**Type of Business**

Bar ( ) Beer Pub ( ) Bottle House ( ) Convenience Store ( ) Farm Winery ( )  
 Grocery ( ) Nightclub ( ) Poolroom ( ) Restaurant ( ) Sunday Sales ( ) Drugstore ( )  
 Wholesaler ( ) Package Store ( )

1. Type of Business: \_\_\_\_\_

2. Name doing business as: \_\_\_\_\_ Phone: \_\_\_\_\_

Corporation, Partnership or Company Name \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_
4. Licensee Full Name \_\_\_\_\_ Title: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
SS # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Type of Ownership: Sole Proprietor ( ) Partnership ( ) Corporation ( )  
LLP ( ) LLC ( )
6. If Sole Proprietor - Owner's Name: \_\_\_\_\_  
SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_
7. If Partnership or Limited Liability Partnership  
Partnership or LLP Name: \_\_\_\_\_  
Name of Partner/Member: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Partner/Member: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\* Include additional partners/members on separate attachment\***

8. If Corporation or Limited Liability Company

Name of Corporation or LLC Name: \_\_\_\_\_

President/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Vice President/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secretary/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Treasurer/Member: \_\_\_\_\_ Percentage of Ownership: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Home address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Include additional partners/members on separate attachment**

9. List all stockholders by name, date of birth, social security number, address, phone number, and number of shares owned by each. Attach all stocks (front and back) to the application.

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>Phone #</u>	<u>#Shares</u>
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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10. Does the licensee, partner, member, manager, corporation, stockholder in the corporation or any owner have any other vested interest in any other alcoholic beverage license in the State of Georgia? Yes ( ) No ( )

If yes, give complete names, addresses, and phone numbers below.

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11. List full name, date of birth, social security number, address, and percentage of ownership for each individual, including all "limited" and "silent" partners, having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

<u>Name</u>	<u>DOB</u>	<u>SSN</u>	<u>Address</u>	<u>% of Ownership</u>
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12. List full name, address, and percentage of ownership for each firm or corporation having any interest in this application.

<u>Corporate Name</u>	<u>Business Address</u>	<u>% Owned</u>
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13. List full name, position held, social security number, address, and percentage of ownership for each board member of each corporation.

<u>Name</u>	<u>Position Held</u>	<u>SSN</u>	<u>Resident Address</u>	<u>% Owned</u>
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14. Is or has the licensee or any owner listed in question ten (10) and/or eleven (11) currently holding interest, or ever been associated with any alcoholic beverage establishment? If yes, list below.

<u>Name</u>	<u>SSN</u>	<u>Name of Business</u>	<u>Business Address</u>	<u>% Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

<u>Name</u>	<u>Relationship</u>	<u>Resident Address</u>	<u>Business Name &amp; Address</u>	<u>% Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. List the full name and address of every owner of the property on which this business is to be conducted.

<u>Name of Property Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

17. List the full name and address of every owner of the building within which this business is to be conducted.

<u>Name of Building Owner</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

18. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

<u>Name</u>	<u>Lessor or Sub-lessor</u>	<u>Address</u>	<u>Relation to applicant or owner(s)</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

19. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location? \_\_\_\_\_. If Yes, give the name of the business, date closed, and reason for closing.

_____
_____
_____

20. State the total amount of capital funds that is or will be invested in this business.

_____
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- A. State the total amount of personal funds invested by you the licensee/owner, including the total amount of funds borrowed by you the licensee/ owner. \_\_\_\_\_.
- B. State the total amount of personal fund invested by other owners including the total amount of funds borrowed by other owners. \_\_\_\_\_.
- C. If any capital is borrowed, state name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. (A copy of note(s) or other evidence of indebtedness, with all amendments, must be attached to the application.)

<u>Name of lender</u>	<u>Address</u>	<u>Amount</u>	<u>Date</u>	<u>Interest</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

21. Name the person(s) that will be the manager(s) of this business, giving all pertinent information. In addition, state how the manager(s) will be compensated.

<u>Name</u>	<u>SSN</u>	<u>Address</u>	<u>% Interest (if any)</u>	<u>Compensation</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Please list the name(s), address(es) and telephone number(s) of all managers and/or employees whom you designate to receive court documents, communications, citations, or notices required under the Alcoholic Beverage Ordinance at the location of the business. Failure of the licensee to designate a person(s) who will be at the place of business whenever the business is open to receive documents as stated, failure of the person listed to be present at the place of business during the business operation hours, and/or failure of the licensee to maintain a current list of such person(s) with the Cobb County Business License office shall be cause for denial of the alcoholic beverage license or revocation of the alcoholic beverage license. Attach additional lists if needed.

<u>Name</u>	<u>Home Address</u>	<u>Home Phone Number</u>	<u>Position</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

23. Number of employees \_\_\_\_\_

24. State name of person or firm responsible for preparing and maintaining financial and tax records of this business, giving all pertinent information.

<u>Name</u>	<u>Business Name &amp; Address</u>	<u>Business Phone #</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

25. Has this place, or any place of business associated in any form with the Corporation, LLC, Partnership, LLP, individual ownership for which this application is submitted, or any owner, partner, shareholder, stockholder, licensee, officer, or employee of any owner, shareholder or entity of a shareholder in this application ever been cited, charged, indicted, have a pending charge, or been convicted at any time, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule, regulation, or ordinance of any city, county, or other Governmental unit?

Yes ( ) No ( ) If yes, give full details of all the above.

_____
_____
_____

26. Have you, your spouse, the licensee, licensee's spouse, or any person having interest in this business or their spouse, have ever been:

A. **Arrested** Yes ( ) No ( ) B. **Convicted** Yes ( ) No ( )

C. **Detained** Yes ( ) No ( ) D. **Indicted** Yes ( ) No ( )

E. **Pled Guilty** Yes ( ) No ( ) F. **Pled Nolo Contendre** Yes ( ) No ( )

G. **On Probation** Yes ( ) No ( ) H. **Any Pending Criminal Charge** Yes ( ) No ( )

I. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

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27. Have you, your spouse, the licensee, the licensee's spouse, any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been and officer in any business that was cited, had an employee of any business cited, detained, arrested, indicted, or convicted for any offence by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, or city government? (Failure to make full disclosure of all details in response to this application will result in denial of the application or revocation of the license.)

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28. Indicate the type of alcohol awareness training and the number of hours of training (be specific) that is required of employees, owners and persons selling alcoholic beverages for the business. Please indicate all in-house training, outside training, the amount of hours required for each, and if any diplomas or certifications are required. Also, indicate if training is required annually and the number of hours required.

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29. What type of materials (written materials, signs, badges, etc.) are provided with the training of employees? Please attach these materials.

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30. Have you read and do you understand all the provisions of the Cobb County and State Georgia Alcoholic Beverage requirements as stated in Chapter Six of the Cobb County Code of Ordinances and Title Three of the Official Code of Georgia.

**YES** or **NO** (Please circle one)

31. Are you aware that the sale of alcoholic beverages to an underage person(s) by you or your employees may result in the suspension or revocation of the alcoholic beverage license.

**YES** or **NO** (Please circle one)

32. What written procedures do you have in place to ensure that alcoholic beverages are not sold to underage person(s)? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

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33. What procedures do you have in place to ensure that alcoholic beverages are not sold in violation of the Cobb County Code of Ordinances and State Law? Documentation relating to such procedures **MUST** be attached and an explanation as to their usage must be written below.

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34. What technology, equipment, and products have been or will be implemented in this location to ensure compliance with County and State law? (Example: cash registers that require date of birth, cameras, signs, calendars, etc....) List, describe, and indicate the number and the location in the business.

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35. Estimated Gross Receipts from this location for the remaining calendar year **(for convenience stores with gas, gas sales must be included in the estimate)** \$\_\_\_\_\_.

36. Whose responsibility is it to ensure that all of your employees have alcohol server's permits?

\_\_\_\_\_

37. Days and hours of operation \_\_\_\_\_

Please indicate the following:

38. Number of pool tables in the location \_\_\_\_\_

39. Number of video game machines \_\_\_\_\_

40. Size of dance floor \_\_\_\_\_

41. Amount of cover charge \_\_\_\_\_

42. List days of the week and hours that the location will have live entertainment \_\_\_\_\_

\_\_\_\_\_

43. Describe type of entertainment (attach contracts; describe and identify acts, bands, persons, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

44. Will location have a DJ and if so, list days of the week and hours? \_\_\_\_\_

\_\_\_\_\_

45. How many square feet of the location is the: a. dining area? \_\_\_\_\_

b. bar area? \_\_\_\_\_

c. What percentage of total dining space is bar area? \_\_\_\_\_

(Attach floor plan, showing dining facility, bar facility and include all seating)

GEORGIA, COBB COUNTY

I, \_\_\_\_\_ SWEAR THAT THE FACTS AND STATEMENTS  
STATED BY ME IN THE ABOVE AND FOREGOING ANSWERS ARE TRUE AND COMPLETE, AND THAT NO  
FALSE OR FRAUDULENT STATEMENTS ARE MADE HEREIN, AND NO FALSE OR FRAUDULENT STATEMENT  
OR STATEMENTS HAVE OR WERE MADE IN ORDER TO PRODUCE THE GRANTING OF AN ALCOHOLIC  
BEVERAGE LICENSE.

I FURTHER CERTIFY THAT I WILL NOTIFY COBB COUNTY BUSINESS LICENSE DIVISION  
OF ANY CHANGE IN MANAGEMENT, LICENSEE, OR OWNERSHIP IMMEDIATELY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE AND TITLE OF  
PERSON OTHER THAN APPLICANT  
FILLING OUT THIS APPLICATION.

\_\_\_\_\_  
TELEPHONE NUMBER

**ALL QUESTIONS MUST BE ANSWERED**

RECEIVED IN COBB LICENSE DEPARTMENT ON \_\_\_\_\_ AT \_\_\_\_\_

BY \_\_\_\_\_  
BUSINESS LICENSE CLERK

\_\_\_\_\_  
DATE

**Owner/ Licensee Personal Statement**  
(A photo of applicant must be attached)

Attach  
2x2  
Picture Photos  
Here

1. Full name of licensee (Do Not Use Initials) \_\_\_\_\_  
Include maiden name(s), alias(s), etc.
2. Social Security No. \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
3. Home Address: \_\_\_\_\_ Home Phone \_\_\_\_\_
4. Business Address: \_\_\_\_\_
5. Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Age: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_
6. Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
U.S. Citizen by (please check one): Birth \_\_\_\_\_ Naturalization \_\_\_\_\_ Not a citizen \_\_\_\_\_  
If naturalized: Certificate # \_\_\_\_\_  
Date, place and court: \_\_\_\_\_ Petition # \_\_\_\_\_  
Derived Parents Certificate #'s \_\_\_\_\_  
If not a citizen, please complete the following:  
Alien Registration #: \_\_\_\_\_ Native Country: \_\_\_\_\_  
Date and port of entry: \_\_\_\_\_  
**\*MUST PROVIDE ORIGINAL IMMIGRATION DOCUMENTS\***
7. How long have you resided in the State of Georgia? \_\_\_\_\_
8. Number of years resided at your present address? \_\_\_\_\_
9. What has been your occupation for the past five (5) years? \_\_\_\_\_
10. What is your position title with the business submitting this license application? \_\_\_\_\_  
\_\_\_\_\_



13. Give names and addresses of all children and stepchildren (regardless of age).

14. Give names and addresses of all immediate living relatives:

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Brother(s)/ Sister(s): \_\_\_\_\_

\_\_\_\_\_

Father-in-law: \_\_\_\_\_

Mother-in-law: \_\_\_\_\_

15. Do you have financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises?

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Do you or does your spouse have any financial interest, or are you or your spouse employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part? If yes, please give name, location, amount of interest, and/or type of employment in each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Are you or your spouse related to anyone who has ownership or is employed by any wholesale or retail alcoholic beverage business? If so, give name, relationship to licensee or licensee's spouse, business name and the amount of interest, and/or type of employment in each.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

18. Education.

Name of schools attended	Address	Dates Attended	Degree Received

19. List occupation(s) for the past ten years.

From Month/ Year	To Month/ Year	Duties Performed	Employer	Address/Phone Number of Employer	Reason for Leaving	Salary

20. List residence(s) for past ten (10) years.

From Month/ Year	To Month/Year	Address	City	State

21. Have you ever been:

- A. **Arrested** Yes ( ) No ( )    B. **Convicted** Yes ( ) No ( )  
C. **Detained** Yes ( ) No ( )    D. **Indicted** Yes ( ) No ( )  
E. **Pled Guilty** Yes ( ) No ( )    F. **Pled Nolo Contendre** Yes ( ) No ( )  
G. **On Probation** Yes ( ) No ( )    H. **Any Pending Criminal Charge** Yes ( ) No ( )

I. If you answered "**YES**" to any of these questions, list below in complete detail the dates, charges, places of arrest, and disposition of charges(s). (Failure to make a full disclosure in response to this question will result in denial of the application or a revocation of the license if information requested was not given for any reason.)

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I, \_\_\_\_\_, DO SOLEMNLY SWEAR, THAT THE FOREGOING STATEMENTS ARE COMPLETE AND TRUE. I UNDERSTAND THAT ANY FALSEHOODS ARE GROUNDS FOR AUTOMATIC DISMISSAL OF THIS APPLICATION.

I FURTHER CERTIFY THAT I WILL NOTIFY THE COBB COUNTY BUSINESS LICENSE DIVISION OF ANY CHANGES AFFECTING MY STATUS AND/OR POSITION WITH THIS COMPANY.

\_\_\_\_\_  
APPLICANT NAME (PRINT)

\_\_\_\_\_  
APPLICANT` SIGNATURE, FULL NAME IN INK

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

**TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.**

**CONSENT FORM**

**I HEREBY AUTHORIZE COBB COUNTY BUSINESS LICENSE TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.**

\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, & ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ALIEN NUMBER (IF NOT A US CITIZEN)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

**TO BE COMPLETED BY THE LICENSEE, SPOUSE OF LICENSEE, OWNERS AND SPOUSES, PARTNERS AND SPOUSES AND STOCKHOLDERS WITH 20% OR MORE OF SHARES AND THEIR SPOUSES.**

**CONSENT FORM**

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\_\_\_\_\_  
FULL NAME PRINTED

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, & ZIP

\_\_\_\_\_  
SEX

\_\_\_\_\_  
RACE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
ALIEN NUMBER (IF NOT A US CITIZEN)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
DATE

**Metro Atlanta  
Dept. of Motor Vehicles**

Updated 7/1/08

**Marietta**

1605 County Services Pkwy  
Marietta, GA 30008  
770-528-3250

**Marietta**

2800 Canton Road, Suite 1000  
Marietta, GA 30066  
770-528-5401

**Canton**

1085 Marietta Highway  
Canton, GA 30114  
770-720-3693

**Carrollton**

512 Old Newnan Road  
Carrollton, GA 30117  
770-836-4603

**Forest Park**

5036 Georgia Highway 85  
Forest Park, GA 30297  
404-669-3961

**Lawrenceville**

310 Hurricane Shoals Road  
Lawrenceville, GA 30045  
770-995-6890

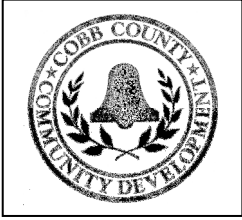
**Cartersville**

1300 Joe Frank Harris Parkway  
Cartersville, GA 30120  
770-387-3700



OWNER/LICENSEE PERSONAL FINANCIAL STATEMENT (Confidential)				
Name*			Date of Birth	
Social Security No.			Name of Spouse	
Residence Address			Business or Organization	
City, State, Zip			Business Phone	
Residence Phone			Partner or Officer in any other business?    ( ) Yes    ( ) No	
Assets		% Interest	Liabilities	
Cash on hand and in banks			Notes Payable to Banks-Secured	
Accounts receivable			Notes Payable to Banks-Unsecured	
Notes receivable			Notes Payable to Others	
Stocks and Bonds			Accounts Payable	
Real Estate			Unpaid Taxes	
Cash value of life insurance			Mortgages on Real Estate	
Automobiles			Other Debts	
Deposit accounts				
Credit with financial institutions				
Other assets (itemize):				
			Total Liabilities	
			Net Worth	
Total Assets			Total Liabilities and Net Worth	
Source of Annual Income				
Salary				
Bonus and Commissions				
Dividends				
Alimony, child support, or separate income				
Itemize all loan sources and interest:				
Other income (itemize)				
Total				
General Information				
Unsatisfied judgments or law suits pending?    ( ) Yes    ( ) No				
Are any income tax returns made by you for prior years being contested? ( ) Yes    ( ) No			If so, what do you estimate as the additional amount you may be required to pay?	
Are any assets pledged or in joint names other than as described above? ( ) Yes    ( ) No			Have you ever been declared bankrupt?    ( ) Yes    ( ) No	
Do you have a will?    ( ) Yes    ( ) No    Beneficiary(ies):			Who is named as your executor?	

As of \_\_\_\_\_, 20\_\_\_\_\_.



**COBB COUNTY BUSINESS LICENSE**  
**Cobb County**  
**Business License Division**  
**P.O. Box 649**  
**Marietta, Georgia 30061-0649**  
**Phone 770-528-8410/ Fax 770-528-8414**

**FOOD SALES AND ALCOHOLIC BEVERAGE SALES AFFIDAVIT**

NAME OF ESTABLISHMENT \_\_\_\_\_  
ADDRESS OF ESTABLISHMENT \_\_\_\_\_  
LICENSEE'S NAME \_\_\_\_\_ BUSINESS LICENSE # \_\_\_\_\_

**I. FOOD SALES AND ALCOHOLIC BEVERAGE SALES. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals.** This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED \_\_\_\_\_  
(IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE)

Gross Receipts from Food Sales this period: \$ \_\_\_\_\_ (\_\_\_\_\_%)

Gross Receipts from Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ (\_\_\_\_\_%)

Total Food Sales and Alcoholic Beverage Sales this period: \$ \_\_\_\_\_ (\_\_\_\_\_%)

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales: \_\_\_\_\_

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

\_\_\_\_\_  
CPA NAME (PRINTED)

\_\_\_\_\_  
NAME OF CPA FIRM

\_\_\_\_\_  
CPA SIGNATURE

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
PHONE #

SWORN UNDER OATH THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**II.** I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 12:30 p.m. until 12:00 midnight requires a valid alcoholic beverage pouring license, valid Sunday Sales pouring license, and that at least 50% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

\_\_\_\_\_  
SIGNATURE LICENSEE/OWNER

SWORN UNDER OATH THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

**THIS FORM MUST BE COMPLETED IN FULL OR NO PRIVILEGE POURING LICENSE WILL BE ISSUED.**



**A Policy Workshop for Owners &  
Licensees**

**Regarding Responsible Alcohol-  
Tobacco Sales & Service**

**2011**

***\*Taught By a Lawyer  
With Years of Experience in the Industry\****

**WHO:** Area alcohol **owners** and **licensees** doing business in **Counties of Cobb, Cherokee, & Douglas**; Cities of **Acworth, Austell, Kennesaw, Marietta, Powder Springs, Roswell, Sandy Springs & Smyrna** (not for employees). **Managers** are also welcome and encouraged to attend.

**WHAT:** A Workshop **taught by a lawyer** and designed just for you...  
~ Recognizing your legal obligations and responsibilities including ways to reduce your risks and liability  
~ Drafting or revising your written policy and common pitfalls  
~ Staff training tools  
~ Ways to monitor your employees and increase compliance

**WHEN:** Registration begins at **8:45 a.m.** Plan to **arrive by 8:45 a.m.** to insure attendance. Class lasts from 9:00 a.m. until 12:00 noon: The **doors close at 9:00 a.m.** **Latecomers will be turned away to attend a future session.**

**2011 Policy Workshop Dates  
Ridgeview Institute**

Wednesday, January 5	Wednesday, July 6
Wednesday, February 2	Wednesday, August 3
Wednesday, March 2	Wednesday, September 7
Wednesday, April 6	Wednesday, October 5
Wednesday, May 4	Wednesday, November 2
Wednesday, June 1	Wednesday, December 7

Wednesday, December 2

**WHERE:** **Ridgeview Institute:** 3995 South Cobb Drive  
(map/directions on back) Smyrna, Georgia 30080

To register, send \$100 with completed **EVINDI** registration form (on back). Space is limited and is on a first come, first served basis. The **deadline** for registrations is **one week prior** to the preferred workshop date. **No on-site registration** will be accepted. Materials, resources and refreshments will be provided. (There is a \$15 fee for refund requests and a \$30 fee for returned checks.)

Note: Attendees who have difficulty understanding English are encouraged to bring an interpreter at no additional charge.

This workshop has been approved to satisfy the requirements of the following ordinance sections as amended:  
**Cobb County** (Sec. 6-96); **Douglas County** (Sec. 3-27); **Cherokee County**; and Cities of **Kennesaw** (Sec. 6-69); **Roswell** (Sec. 3.2.10); **Powder Springs** (Sec. 3-103 & 3-182); **Smyrna** (Sec. 6-129); **Marietta**; **Sandy Springs**; **Acworth**; and **Austell**



OFFICE USE ONLY  
Check/Money Order # \_\_\_\_\_ Received by: \_\_\_\_\_

### **Policy Workshop for Owners & Licensees - Registration Form**

Complete one registration form for each workshop participant - **please type or print legibly.**

Name of Attendee (as it appears on driver's license): \_\_\_\_\_

Title: (check all that apply) ☐ Owner ☐ Licensee ☐ Manager

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Workshop Date: \_\_\_\_\_

Name of Licensed Premises: \_\_\_\_\_  
(the physical business being licensed)

Address of Licensed Premises: \_\_\_\_\_

**Mail registration form with check or money order payable to Evindi, Inc. @ \$100 per participant to:  
Attn: Kerry Stumpe, 1600 Parkwood Circle, Suite 400, Atlanta, GA 30339**

### **DIRECTIONS TO RIDGEVIEW INSTITUTE** **3995 South Cobb Drive**

From I-75, 400 or I-85 (north of the Perimeter):

Take I-285 West to Exit 15, (South Cobb Drive). Turn Right (North) onto South Cobb Dr. Travel approximately 2.5 miles. Ridgeview will be on the right.

From I-75, 400 or I-85 (inside the Perimeter):

Take I-75, 400 OR I-85 North, (I-75 is the closest to Ridgeview), to I-285 West then follow the directions above.

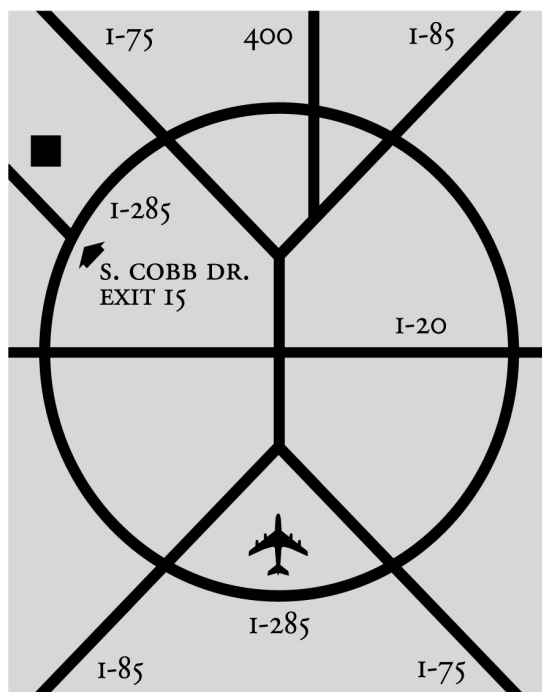
From I-75 or I-85 (south of the Perimeter) or I-20:

Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

From Hartsfield/Atlanta International Airport:

Exit Airport onto Camp Creek Pkwy, follow signs to I-285 North. Take I-285 North to Exit 15 (South Cobb Drive), turn left (across bridge), travel north 2.5 miles and Ridgeview will be on the right.

**Upon entering the Ridgeview Campus, park in the parking lot on immediate left. Enter the lower building directly across from that lot.**



The Cobb Underage Drinking Task Force is a community law enforcement partnership.

**Contact:** [klstumpe@evindi.com](mailto:klstumpe@evindi.com) (email), (tel)678-336-7207 or (fax) 678-884-9571



**TRAINING INSTITUTE FOR RESPONSIBLE VENDORS, INC.**  
**(404) 531 - 9237**

## **R.A.S.S. WORKSHOP**

### **RESPONSIBLE ALCOHOL SALES AND SERVICE WORKSHOP** **Presented by the Training Institute for Responsible Vendors, Inc.**

**Our company has over ten years of training experience in the Alcohol Hospitality Industry. We satisfy alcohol training requirements all across the Southeast including: Alabama, Florida, Georgia, North Carolina, and South Carolina.**

**THIS RASS WORKSHOP IS FOR THE LICENSEE AND MANAGEMENT, AND IT HAS BEEN APPROVED TO SATISFY THE REQUIRMENTS OF: Cobb County, Sec. 6-96; City of Kennesaw, Sec. 6-69; City of Powder Springs, Sec. 3-103, Sec. 3-182; City of Roswell, Sec. 3-2-10; City of Smyrna, Sec. 6-129.; City of Lilburn, Sec. 6-185; Douglas County, Sec. 3-27; Forsyth County, Sec.6-3; Cherokee County, Sec. 6-7**

**Fees for Workshop are \$100.00 per Participant due at Check In at Workshop. Check or Cash. Make Checks Payable to T.I.R.V. Inc. NO ONE WILL BE ADMITTED AFTER WORKSHOP HAS BEGUN. \*Attendees who have difficulty with English can bring an interpreter at no additional charge.**

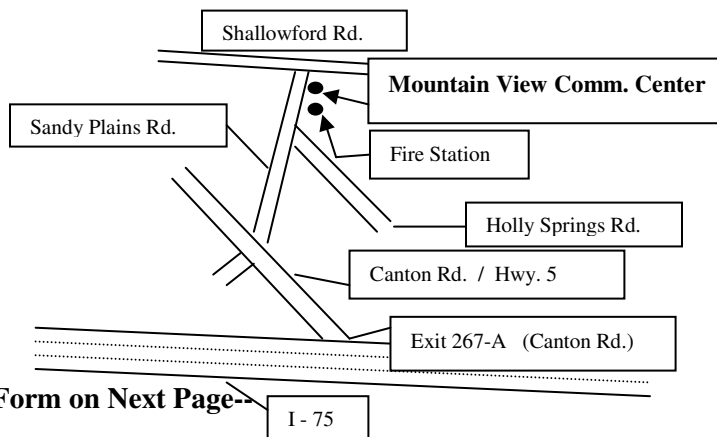
### **2010 R.A.S.S. WORKSHOP DATES**

Thursday, Jan. 20	Thursday, Apr. 21	Thursday, July 21	Thursday, Oct. 20
Thursday, Feb. 17	Thursday, May 19	Thursday, Aug.18	Thursday, Nov. 17
Thursday, Mar. 17	Thursday, June 23	Thursday, Sept. 29	Thursday, Dec. 15

**All Classes are from 9AM TO 12PM.**

### **DIRECTIONS TO MOUNTAIN VIEW COMMUNITY CENTER**

75 to Exit 267-A Hwy. 5  
(Canton Rd.) Turn Right at first  
light (Sandy Plains Rd.) After  
about 5 miles you will pass  
library and then the Fire Station.  
The next two drives takes you to  
parking for the center.  
*3400 Sandy Plains Rd.*  
*Marietta, GA 30066*  
**IF LOST CALL: 404-452-9237**



--Registration Form on Next Page--

**TRAINING INSTITUTE FOR RESPONSIBLE VENDORS, INC.**



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**R.A.S.S. WORKSHOP REGISTRATION FORM**

**Name of Licensee / Attendee:** \_\_\_\_\_

**Name of Licensed Establishment** \_\_\_\_\_

**And Address** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_

**WORK SHOP DATE I WILL ATTEND IS** \_\_\_\_\_

---

**Fax or Mail Registration to: Fax # 770-509-0141 / T.I.R.V. Inc.**  
**Questions / Information: 404-531 9237 P.O. Box 421128**  
**Atlanta, GA 30342**



## Responsible Alcohol Sales & Service Policy Workshop

### PLEASE TYPE OR PRINT LEGIBLY

Name of Attendee: \_\_\_\_\_  
(As it appears on Driver's license)      First      Middle      Last

Title: (check all that apply)      ☐ Owner      ☐ Licensee      ☐ Manager

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Workshop Date: \_\_\_\_\_

Name of Licensed Premises: \_\_\_\_\_

Address of Licensed Premises: \_\_\_\_\_

### **2011 RASS Workshop Dates in Douglas County (any location may attend)**

**Monday, January 10**  
**Monday, March 7**  
**Monday, May 9**

**Monday, July 11**  
**Monday, September 12**

**Monday, November 7**  
**Monday, December 19**

Douglas County classes are held at the Douglas County Courthouse located at 8700 Hospital Drive, Douglasville, GA 30134-2264. Registration begins at 1:15 pm, and classes are from 1:30–4:30 pm. **Doors will close promptly at 1:30 pm. Please do not be late.**

### **2010 RASS Workshop Dates in Cobb County (any location may attend)**

**Wednesday, January 5**  
**Wednesday, February 2**  
**Wednesday, March 2**  
**Wednesday, April 6**

**Wednesday, May 4**  
**Wednesday, June 1**  
**Wednesday, July 6**  
**Wednesday, August 3**

**Wednesday, September 7**  
**Wednesday, October 5**  
**Wednesday, November 2**  
**Wednesday, December 7**

Cobb County classes are held at the Ridgeview Institute, 3995 South Cobb Drive, Smyrna, GA 30080. Registration begins at 8:45 am, and classes are from 9 am–noon. **Doors will close promptly at 9:00 am. Please do not be late.**

**PAYMENT:** Cash, check or money order - \$100 made payable to Stumpe & Associates, PC. Mail payment and registration form at least one week prior to class to Stumpe & Associates, P.C., Attn: Kerry Stumpe, 1600 Parkwood Circle, Suite 400, Atlanta, GA 30339

**Contact:** RASS Coordinator at (email) [klstumpe@evindi.com](mailto:klstumpe@evindi.com), 678-336-7207 or (fax) 678-884-9571



Department of the Treasury  
Bureau of Alcohol, Tobacco and Firearms

**FEDERAL SPECIAL TAX**

(You must file a registration and return and pay the special tax upon commencing business and file/pay each year thereafter on or before July 1)

Sample listing of business occupations that could be subject to paying an annual special tax as a "retail liquor dealer" for selling or offering for sale beverage alcohol products (e.g., beer, wine, liquor, coolers, mixed drinks, etc.). This tax applies to on-site consumption and off-site consumption sales.

Airlines	Inns
Airport Lounges	Leagues
Amusement Parks	Limousine Services
Bars	Liquor Stores
Bed and Breakfast Inns	Lodges
Bingo Halls	Lounges
Boats (Pleasure)	Lunch Wagons
Bowling Alleys	Military Installations
Casinos	Motels
Catering Services	Package Stores
Clubs	Pool Halls
Concession Stands	Private Clubs
Convenience Stores	Race Tracks
Drug Stores	Recreation Centers
Florist Services	Restaurants
Fraternal Organizations	Ships
Fundraising	Snack Bars
Organizations	State Stores
Golf Courses	Stadiums
Grills	Supermarkets
Grocery Stores	Taverns
Hospitals	Trains
Hotels	Wine & Cheese
	Stores

**FOR MORE INFORMATION AND FORMS CONTACT**

ATF National Revenue Center "SOT" Toll Free Number  
1-800-937-8864 Or Call (513) 684-2979  
(Please call between 8:30 am and 4:30 pm, Eastern Time)

OR

Local ATF Field Office (404) 679-5130  
(WRITE: ATF National Revenue Center, 550 Main Street,  
Cincinnati, OH 45202)



**COBB COUNTY ALCOHOL  
WORK PERMIT  
AFFIDAVIT**

I \_\_\_\_\_ licensee for, \_\_\_\_\_,  
located at \_\_\_\_\_, Georgia  
\_\_\_\_\_, applying for a Cobb County alcoholic beverage license do hereby swear or affirm that all  
employees and independent contractors prior to working in my establishment will have a valid Cobb County  
alcoholic beverage work permit as required by the attached Section 6-207 of the Cobb County Code of  
Ordinances which I have initialed indicating that I have read it and understand its provisions. All statements in  
this affidavit are true and made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of licensee

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

**Sec. 6-207. Work permits.**

- (a) For whom required. A permit to work in any of the following establishments shall be required of the following:
- (1) All employees of package stores.
  - (2) All employees of businesses with a pouring license, except busboys, dishwashers, hostesses, maintenance and administrative staff.
  - (3) All managers, including an independent contractor, all employees serving in a managerial capacity and any employees providing security to any establishment with a package or pouring license, whether or not any such person sells or serves alcohol, shall be required to have a work permit.
  - (4) All employees of convenience stores.
- The licensee to whom an alcoholic beverage license has been issued under this chapter shall not be required to obtain a work permit. Employee for the purposes of this section shall include independent contractors.
- (b) Application and issuance. Except as otherwise provided, no person requiring a work permit may be employed by an establishment holding a license under this chapter until such person has been issued a work permit from the county police department indicating the person is eligible for employment. All applications required by this section shall be investigated by the police department to include, among other things, an investigation of the criminal record, if any, of the applicant. No work permit shall be issued by the police department if the applicant has violated any of the provisions of section 6-206 hereof. Any applicant who is not issued a work permit shall have the right to appeal such decision to the license review board.
- (c) Time limit. All persons subject to the provisions of this section shall, prior to the date of their first work in an establishment holding a license to sell alcoholic beverages, make application for a work permit to the county police department. Work permit requirements do not apply to temporary, nonprofit fundraising events.
- (d) Permit term: prescribing fee. Any permit for employment issued under this section shall expire 12 months from the date of issuance unless earlier suspended or revoked as provided in this section. The police department may prescribe regulations for certifying the eligibility for continued employment without the necessity of the employee's being fingerprinted and may prescribe reasonable fees for certifying the eligibility for employment.
- (e) Possession of permits by employees. Employees holding permits issued pursuant to this section shall at all times during their working hours have the permits available for inspection at the premises.
- (f) Exclusion. This section shall not apply to private clubs.
- (g) [Work permit requirement.] At all times that the business is open the licensee shall have at least one person on the premises who has a valid work permit.
- (h) Grounds for suspension, revocation, probation. No permit which has been issued or which may hereafter be

issued under this section shall be suspended, revoked or placed on probation except for due cause as defined in this subsection, and after a hearing and upon written notice to the holder of such permit of the time, place and purpose of such hearing and a statement of the charge or charges upon which such hearing shall be held. A minimum of three days' notice shall be provided to the applicant or permit holder.

"Due cause" for the suspension or revocation of the permit shall consist of the violating of any laws or ordinances regulating the sale of alcoholic beverages or for the violation of any state, federal or local ordinances set out in section 6-206; or for the omission or falsification of any material in any application; or for any reason which would authorize the refusal of the issuance of a permit; or any violation of this chapter. All hearings shall be before the license review board and shall be conducted in the manner provided in section 6-147(b). After the hearing if the license review board determines due cause exists, the license review board may suspend, revoke or place on probation for a maximum of 12 months, with or without conditions, the permit. In addition, after the hearing, the license review board may grant a work permit to an employee whose application was denied upon any conditions deemed appropriate by the board. Any action taken by license review board shall be effective immediately. The board of commissioners shall at its next meeting review a summary of the hearing before the license review board wherein the work permit was considered for issuance, suspension or revocation (the summary shall be prepared by the business license division manager) and the board of commissioners after such review may place the matter down for a hearing. Should the board of commissioners place the matter down for hearing the board of commissioners, after such hearing, may issue the work permit, suspend or revoke the work permit or place the employee on probation. The employee whose work permit was not issued or whose work permit was probated, suspended or revoked may appeal to the board of commissioners pursuant to section 6-147 hereof. (Ord. of 8-14-73, art. IV, § 34; Ord. of 3-24-87; Res. of 9-22-87; Ord. of 10-24-89, § I; Ord. of 9-25-90; Ord. of 5-11-93; Ord. of 3-25-97 (eff. 4-1-97); Code 1977, § 3-4-61; Ord. of 8-10-99; Ord. of 7-10-01 (eff. 1-1-02); Ord. of 1-24-06; Ord. of 7-25-06)



***Affidavit Verifying Status  
Of Cobb County Business License Application***

By executing this affidavit under oath, as an applicant for a Cobb County Business License, I am stating the following with respect to my application for a Cobb County Business License for \_\_\_\_\_ **[INSERT BUSINESS NAME]**:

\_\_\_\_\_ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

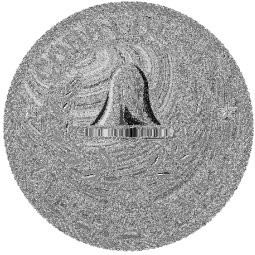
\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
Alien Registration number for non-citizens



## COMMUNITY DEVELOPMENT DEPARTMENT

**Cobb County  
Business License Division  
P.O. Box 649  
Marietta, Georgia 30061-0649  
Phone 770-528-8410/ Fax 770-528-8414**

### **AFFIDAVIT ATTESTING TO COMPLIANCE WITH SECTION 78-47 OF THE COBB COUNTY CODE OF ORDINANCES**

I, \_\_\_\_\_, licensee of \_\_\_\_\_  
(PRINT FULL NAME) (PRINT NAME OF BUSINESS)

located at \_\_\_\_\_  
(PRINT COMPLETE BUSINESS ADDRESS IN COBB COUNTY)

with Cobb County Business License Number \_\_\_\_\_, do swear or affirm that the above stated business at the above stated address has operating and functioning video camera(s) and recording device(s) that record and preserve the activities at all areas of the above stated business location where the sales transactions of the above stated business's merchandise occurs. I further swear or affirm that the video camera(s) and recording device(s) will be recording and preserving the activities at the business at all times that the business is open to the public, and I will ensure that the video record is maintained for 48 hours. I also understand that failure to be in compliance with any part of Section 78-47 of the Cobb County Code of Ordinances may result in civil and/or criminal action against me individually and suspension, denial or revocation of the business license and/or alcoholic beverage license issued by Cobb County.

All statements in this affidavit are true and made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

## **Cobb County Business License Alcohol License Applicants Fingerprint Requirements**

The Georgia Crime Information Center (GCIC) advised that due to State budget cuts, the GCIC no longer has resources to process manual (ink prints on paper fingerprint cards) fingerprint-based criminal history record checks in a timely manner, as required for licensing purposes (O.C.G.A. 3-3-2).

GCIC has contracted with Cogent Systems to provide the Georgia Applicant Processing Services (GAPS) to perform electronic submission of all licensees' fingerprints in regards to Alcohol Licensing. **YOU MUST REGISTER** with Cogent Systems **PRIOR** to going to one of their fingerprint sites. Registration may be completed online or over the telephone. To have your fingerprints completed prior to submitting your application, please do the following:

1. Go to GAPS website at [www.ga.cogentid.com](http://www.ga.cogentid.com)
2. Under the Registration column, select "Single Applicant Registration".
3. Complete the information sheet; items with a red asterisk are mandatory.
4. For Transaction Information – Reason select "Alcohol/ Liquor Licensee".
5. Follow the instructions on the website.

To register by telephone:

1. Call 1-888-439-2512 Mon thru Fri, 8am to 6pm EST

During the registration process, demographic data about you will be collected (name, address, SSN, etc.). There will be no data collection or registration at the fingerprint collection sites. A list of available sites is on the GAPS website.

You will receive a GAPS registration number with an option to pay with a credit card or debit card online. You will be charged a service fee for each licensee being fingerprinted. Money orders/ cashiers check **PAYABLE TO COGENT SYSTEMS** will be accepted at the collection sites for those applicants who do not have the means to pay electronically.

Once registered and payment type has been determined, you may proceed to the fingerprint collection site of your choice. You must take with you a current, valid and unexpired picture identification which can be one of the following:

- State Issued Driver's License or Identification Card with Photo
- US Passport with Photo
- US Active Duty/Retiree/Reservist Military ID Card with Photo
- Government Issued Employee Identification Card with Photo

Also, take to the fingerprint center for verification with these numbers:

- **The Cobb County OAC Number: GA0330200**
- **Verifying Code: 0330200**

You MUST submit your fingerprints before returning your Alcohol License Application to Cobb County Business License. If you have any questions please contact one of the following about GAPS.

### **Cogent Email or Support Requests**

[gahelp@cogentsystems.com](mailto:gahelp@cogentsystems.com)

Telephone inquires 1-888-439-2512



## ***Cobb County Alcoholic Beverage and Business License Fingerprint Affidavit***

By executing this affidavit under oath, as an applicant for a Cobb County Alcoholic Beverage and Business License for \_\_\_\_\_ (name of business) I \_\_\_\_\_ (name of applicant) have submitted finger prints to the Georgia Bureau of Investigation through GAPS in compliance with O.C.G.A 3-3-2.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
My Commission Expires:  
\_\_\_\_\_